May 19, 1999

Date

Approved se through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	REG 203-A						
First Inventor or Application Identifier Neil Stahl							
Title Receptor Based Antagonists, and Methods of Making and Using							

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EJ 468 542 323 US **Assistant Commissioner for Patents** APPLICATION ELEMENTS . ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 6. Nucleotide and/or Amino Acid Sequence Submission Specification Total Pages (if applicable, all necessary) 69 (preferred arrangement set forth below) Computer Readable Copy - Descriptive title of the Invention - Cross References to Related Applications Paper Copy (identical to computer copy) b. - Statement Regarding Fed sponsored R & D Statement verifying identity of above copies - Reference to Microfiche Appendix **ACCOMPANYING APPLICATION PARTS** - Background of the Invention - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) 37 C.F.R.§3.73(b) Statement [ Power of 8 - Detailed Description (when there is an assignee) Attorney - Claim(s) English Translation Document (if applicable) 9 - Abstract of the Disclosure Information Disclosure Copies of IDS 10. [Total Sheets Drawing(s) (35 U.S.C. 113) Citations Statement (IDS)/PTO-1449 **Preliminary Amendment** 11. [Total Pages 4. Oath or Declaration Return Receipt Postcard (MPEP 503) 12. X Newly executed (original or copy) a. (Should be specifically itemized) Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) Small Entity Statement filed in prior application, b. 13. Statement(s) Status still proper and desired (PTO/SB/09-12) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. X unexecuted..Declaration..and Other: Power of Attorney \* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT <u>| IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.H. § 1.28).</u>\_\_\_\_\_\_\_ 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation-in-part (CIP) of prior application No: \_\_ Continuation Divisional Group / Art Unit: \_ Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Robert J. Cobert Name Regeneron Pharmaceuticals, Inc. 777 Old Saw Mill River Road Address 10591 New York Zip Code State Tarrytown City 914-345-7721 914-345-7400 Fax United States Telephone Country Registration No. (Attomey/Agent) 36,108 Robert J. Cobert Name (Print/Type)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Robert Cobe

Signature

Com the Con the Con The first start

Not Yet Known

Complete if Known

PTO/SB/17 (12-98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

for FY 1999	Filing Date	-	Filed I	Herewith	
Patent fees are subject to annual revision.	First Named	Inventor	Neil Stahl		
Small Entity payments must be supported by a small entity statement	ent, Evernings No.				
otherwise large entity fees must be paid. See Forms PTO/SB/09-	16.	Examinor runo			
TOTAL AMOUNT OF PAYMENT (\$) 870.00		Group / Art Unit Attorney Docket No.		REG 203-A	
TOTAL AMOUNT OF PATMENT (4) 070.00	Attorney Doc				
METHOD OF PAYMENT (check one)	·	FEE CA	LCULATIO	N (continued)	
	3. ADDITIONAL				
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		ntity Fee (\$)	Fee Des	cription	Fee Paid
Deposit Regeneron Pharmaceuticals, Inc	C 405 130 205 6	55 Surch	arge - late filing	fee or oath	
Number Deposit Account	127 50 227 2	25 Surch cover	arge - late prov sheet.	isional filing fee or	
Name Charge Any Additional	139 130 139 13	9 130 139 130 Non-English specification			
Fee Required Under	147 2,520 147 2,5	To a filling a required for recovamination			
37 CFR 1.16 and 1.17	112 920* 112 9	920* Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed:    X   Check	113 1,840° 113 1	,840* Requ Exam	esting publication		
— Older	115 110 215	<b>~</b>		rithin first month	
FEE CALCULATION	116 380 216 1	<i>3</i> 0		vithin second month	
1. BASIC FILING FEE Large Entity Small Entity	117 870 217 4	00		vithin third month	
Fee Fee Fee Fee Description	118 1,360 218 6			within fourth month	
Code (\$) Code (\$) Fee Paid  101 760 201 380 Utility filing fee 760.	128 1,850 228 92			vithin fifth month	
106 310 206 155 Design filing fee	119 300 219 1	-50 - Eiline	e of Appeal	ort of an appeal	
107 480 207 240 Plant filing fee	120 300 220 1	Dee:	est for oral hea		
108 760 208 380 Reissue filing fee	121 260 221 1 138 1,510 138 1,	D-4141		public use proceeding	g
114 150 214 75 Provisional filing fee	140 110 240	CD - 4747	ion to revive - u	navoidable	
SUBTOTAL (1) (\$) 760.	141 1,210 241 6	D a titl	ion to revive - u	nintentional	
2. EXTRA CLAIM FEES	142 1,210 242	4 627774	y issue fee (or reissue) gn issue fee		
Fee from paid	143 430 243	215 Desi			
Total Claims 25 -20** = 5 x 22. = 110.	144 580 244		t issue fee		
Independent 1 - 3** = 0 x 78, = 0.	122 130 122		tions to the Commissioner		
Multiple Dependent	123 50 123			provisional application	<u> </u>
**or number previously paid, if greater; For Reissues, see below		000	mission of Infor	mation Disclosure Str	nt
Large Entity Small Entity  Fee Fee Fee Fee Description  Code (\$) Code (\$)	581 40 581	40 Rec	ording each pat perty (times nun	tent assignment per nber of properties)	
103 18 203 9 Claims in excess of 20	146 760 246	380 Filin	g a submission ČFR 1.129(a))	after final rejection	
102 78 202 39 Independent claims in excess of 3	149 760 249	•		invention to be	
104 260 204 130 Multiple dependent claim, if not paid			mined (37 CFR		
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	er fee (specify)			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	ther fee (specify)			
SUBTOTAL (2) (\$) 110.	Reduced by Basic	Filing Fee F	Paid SU	JBTOTAL (3) (\$)	
SUBMITTED BY				Complete (if a	policable)
Typed or Robert J. Cobert		<del></del>			36,108
Signature Robert Coher		Date 5/	19/99	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.